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ABSTRACT

One consistent finding in the literature on gender differences in distress is that women report more symptoms of depression than do men. This study examined the effects of a willingness to self-disclose, predicted to be more characteristic of women than of men, on one's vulnerability to symptoms of depression in response to various life stresses. Data were obtained from 408 men and 493 women who completed the Psychiatric Evaluation Research Instrument Depression Scale, a three-item measure of life stress, a four-item measure of the availability of social support, and a cluster of five items measuring the subject's tendency to self-disclose. The findings revealed that females reported significantly higher levels of depression than did males, while sex differences in the reporting of levels of life strain were found to be small and nonsignificant. Men and women were found to differ in their perceptions of the availability of social supports. While the findings provide support for the hypothesis that the willingness to trust and confide in others in times of difficulty places women at a reduced risk of experiencing a depression in response to life stresses, they also highlight the importance of distinguishing between symptoms suggestive of a clinical syndrome and more delimited forms of distress that may have little to do with poor mental health, namely feelings of sadness. Eleven pages of tables are provided. (NB)

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GENDER DIFFERENCES IN SELF-DISCLOSURE TENDENCIES: THEIR NATURE AND IMPACT ON VULNERABILITY TO DEPRESSION

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Over the past decade, there have been numerous attempts on the part of social scientists to account for the higher rates of depressive symptoms typically reported by women in community surveys. Much of this effort has been guided by the assumption that the greater exposure of women to various life stresses and strains, particularly those associated with the adult roles of women who marry and have children, may explain a substantial portion of women's symptom excesses (Aneshensel et al. 1981; Cleary and Mechanic 1983; Gore and Mangione 1983; Pearlin 1975; Radloff 1975, 1980; Roberts and O'Keefe 1981; Rosenfeld 1980; Ross et al. 1983).

More recently, however, there has been growing speculation that at least some portion of women's symptom excesses may be due to women's greater vulnerability to depression in response to life stresses and strains (Abramson and Andrews 1982; Kessler 1979; Kessler and McLeod 1984; Kessler, McLeod and Wethington, 1985; Klerman and Weissman, 1980; Pearlin and Schooler 1978; Radloff 1975; Radloff and Monroe 1978; Radloff and Rae 1981). While proponents of this hypothesis have posited a number of mechanisms that may account for women's heightened vulnerability to depression, at the heart of this position is the assumption that feminine sex-role socialization engenders maladaptive styles of appraising and coping with life stresses and strains, which increase the risk of developing a depressive syndrome in response to such stresses and strains.

The purpose of the present paper is to examine the differential vulnerability hypothesis from a fresh perspective--one that takes as problemmatic the assumption that female-typical patterns of sex-role socialization necessarily induce a greater vulnerability to depression.

Specifically, the paper will investigate the hypothesis that certain aspects of feminine socialization, namely, the inculcation of a greater willingness to disclose one's feelings and emotions to others, may, in fact, reduce women's comparative vulnerability to depression in response to similar life stresses and strains. Further, it will explore some of the methodological problems associated with an investigation of this hypothesis--problems that are largely a consequence of the impact of self-disclosure tendencies on patterns of symptom reporting in an interview situation.

Theoretical Background

The hypothesis that gender differences in self-disclosure tendencies may account for some portion of women's symptom excesses commonly found in community surveys was originally proposed by Gurin and his associates (1960). The hypothesis emerged from the observation that, in the course of personal interviews, men and women seemed to respond very differently to questions about the problems in their lives and their emotional consequences. That is, women seemed to be consistently more expressive about their distress than were men in the face of various life problems and strains.

Gurin and his associates (1960) proposed that differences in patterns of sex-role socialization may produce very different styles of coping with the emotional consequences of problems and difficulties on the part of men and women, which, in turn, influence symptom reporting:

> The male role is closely linked to an active, coping interaction with the world, and a man's masculine identity is closely linked to his success in coping with his environment, to his strength in the face of difficulties. It would not be surprising then, if a man defended against feelings that attested to his failure in this respect, and not only experienced such feelings less often than women, but also was less likely to report them if they were experienced. Women, on the other hand, commonly viewed as the "weaker" sex, would be less subject to identity problems linked to the experience and admission of difficulties and suffering. (p. 210)

The causal model implicit in the Gurin et al. (1960) position is presented in path diagram form in Figure 1. Reports of distress, enclosed in a rectangle, represent the actual reporting behavior of the respondents as distinct from true distress, the underlying or latent construct that the scale items are presumed to be measuring. The circle enclosing true distress, along with the other constructs in the model, symbolize the latent or unobserved characteristic of the constructs, whose measurement properties are typically inferred from the pattern of relationships among the observed scores designed to measure each construct.

Figure 1 (inserted about here)

This model posits two avenues through which self-disclosure tendencies influence symptom reporting patterns. One avenue is through the impact of self-disclosure tendencies on levels of true distress. That is, to the extent that "self-disclosers" are less likely to develop mechanisms of defense that push feelings of distress out of awareness, we would expect self-disclosure tendencies to be associated with higher levels of true distress, which, in turn, influence reports of distress. The second path of influence is through the effect of self-disclosure tendencies on one's candor in reporting one's true symptom experiences in the interview situation. That is, a propensity to self-disclose is likely to generalize to the interview situation, resulting in more accurate symptom reporting.

One implication of the Gurin et al. (1960) hypotheses is that attempts to investigate the impact of stressful life circumstances on distress levels are likely to underestimate the true effects for men to a greater degree than for women, in the absence of controls for such response tendencies. That is, the

suppressor effect of a reluctance to self-disclose on symptom reporting is likely to contribute to the illusion of greater female vulnerability to forms of distress, such as symptoms of depression, in response to various life stresses and strains.

There are, however, two problems with the Gurin et al. (1960) model of the relationship between self-disclosure tendencies and symptoms of distress that need to be addressed. One problem is that the model does not illuminate the relationship between self-disclosure tendencies and different forms of distress. A second problem is that the model fails to consider other avenues through which a willingness to self-disclose may influence one's relative risk of experiencing different forms of distress. In the discussion that follows, each of these points will be elaborated upon, along with their implications for analysis.

The Impact of Self-Disclosure Tendencies on Symptoms of Depression

One of the most consistent findings in the literature on gender differences in distress is the finding that women report more symptoms of depression than do men (Blumenthal 1975; Comstock and Helsing 1976; Eaton and Kessler 1981; Frerichs et al. 1981; Husaini et al. 1979; Levitt and Lubin 1975; Murrell et al. 1983; Pearlin 1975; Rosenfeld 1980; Warheit et al. 1973; Weissman and Myers 1978). Several studies have shown, however, that such symptom excesses appear to be largely specific to more transient, if not clinically trivial, symptoms--particularly those associated with variation in mood state (Clark et al. 1981; Craig and Van Natta 1979; Newmann 1984).

These findings suggest that gender differences in a willingness to disclose one's feelings and emotions to others may be particularly salient for commonly occuring forms of distress that tend to be viewed as stereotypically

feminine in nature, namely, feeling blue, sad, lonely, or like crying. The plausibility of such a hypothesis is suggested by studies that have investigated men and women's self-concepts, as well as other's perceptions of behavior characteristic of men and women (Broverman et al 1970; Rosenkrantz et al 1968). Specifically, the former studies find that women tend to characterize themselves and to be characterized by others as emotionally expressive, particularly with regard to feelings associated with a dysphoric mood, i.e. feeling sad, blue, lonely, or like crying. Men, on the other hand, tend to characterize themselves and to be characterized by others as exerting control over the expression or display of such feelings and emotions.

One implication of these findings is that males, in the course of early socialization, learn that the public display of feelings of distress that suggest emotional vulnerability is inappropriate and likely to evoke disapproval on the part of others. Further, there is some evidence to suggest that such expectations are reinforced as men progress into adulthood. Phillips and Segal (1969) note, for example, that studies of the reactions of others to men and women with various mental health problems find that men are more likely than women to evoke social disapproval for the display of feelings suggesting emotional vulnerability.

An important question is what effect do these gender-related socialization patterns have on the extent to which men and women actually experience feelings of sadness in response to similar life stresses and strains versus are willing to reveal them in an interview situation? Further, in what ways do these socialization patterns influence men and women's comparative risk of experiencing a depression in response to similar life stresses and strains, apart from their influence on reports of other symptoms

of depression?

One hypothesis is that a gender-related reporting bias may be largely specific to depression scale items that probe feelings of dysphoric mood and related emotions, such as an urge to cry. That is, men may be more likely than women to underreport such feelings, to the extent that they are viewed as incompatible with a masculine identity or likely to evoke disapproval on the part of the interviewer. Such a differential reporting tendency may be minimal for other, more severe symptoms commonly associated with a depressive syndrome, such as suicidal impulses, feelings of despair or hopelessness, or a self-denigrating attitude, expressions of which may be less closely tied to gender identity.

Turning to the question of how such socialization patterns may influence the actual experience of feelings of sadness, as well as a depressive syndrome, we might posit two very different hypotheses. One hypothesis, and the one implied by the Gurin et al. (1960) perspective, is that features of sex-role socialization that inhibit the display of feelings of emotional distress and personal vulnerability may, in fact, result in lower levels of true distress, whatever their form. That is, "nondisclosers" may be more likely to acquire mechanisms of defense that push such feelings out of awareness. This hypothesis would lead to the prediction that self-disclosure tendencies are associated with higher levels of depression in response to life stresses and strains, as well as higher levels of sadness.

Such a prediction is also consistent with the differential vulnerability hypotheses reviewed earlier. That is, to the extent that self-disclosure tendencies are associated with other female-typical response patterns that increase the risk of experiencing depressive symptom patterns, such as a

tendency to employ "depressogenic attributional styles" (Abrahamson and Andrews 1982; Ickes and Layden 1978) or to engage in less resourceful problem-solving behaviors (Pearlin and Schooler 1978), we would expect "self-disclosers" to be particularly vulnerable to a depressive syndrome, as well as to feelings of sadness, in response to life stresses and strains.

It should be noted, however, that these hypotheses remain largely untested in community samples of men and women exposed to the vagaries of daily life. Moreover, the handful of studies that have investigated the differential vulnerability of men and women to similar life stresses and strains offer little evidence to support the view that women are, in general, more vulnerable to symptoms of depression than men in response to similar life problems and circumstances (See Newmann, 1987, for a review and critique of this body of research.).

What some findings do suggest is that women may be more vulnerable than men to one type of life problem, namely problems in interpersonal relationships. Arguing that this effect may be do to the greater emotional investment that women make in the lives of significant others, Kessler and his associates conclude that one of the "costs of caring" is that women are especially vulnerable to emotional distress in the face of interpersonal problems and difficulties (Kessler 1979; Kessler and McLeod 1984; Kessler, McLeod and Wethington 1985).

What is not clear from these analyses, however, is whether such a problem-specific vulnerability is linked to symptoms suggestive of a clinical disorder versus more delimited forms of distress that women more commonly report or experience than men. In a recent attempt to investigate this question, it was found that patterns of vulnerability to a depressive syndrome

in response to interpersonal problems were very similar for men and women (Newmann, 1986). The latter study found, however, that a conventional summary scale approach, which confounds the measurement of a depressive syndrome with other more delimited forms of distress, does result in the finding of greater female vulnerability to such problems.

In sum, findings in support of the hypothesis that women are more vulnerable than men to a depressive syndrome in response to similar life problems and difficulties--whatever their form--are weak and subject to multiple interpretations. Thus, while it may be that women's greater tendency to self-disclose places them at increased risk of experiencing a depression, empirical evidence in support of this hypothesis is lacking.

A second, and very different, hypothesis that we might consider is that a willingness to disclose feelings of emotional distress and personal vulnerability to others may, in fact, protect against the development of a full depressive syndrome in response to life stresses and strains. The latter hypothesis is based on the assumption that persons who are reluctant to disclose feelings of personal vulnerability are less likely than "disclosers" to seek the support and help of others in times of difficulty. Such help-seeking behaviors are generally presumed to mitigate distress through one of two avenues: (1) others can provide new information and resources that may help one deal more effectively with the stress-producing circumstances, thereby reducing their distressing consequences, and (2) the very process of self-disclosure is likely to have cathartic benefits through providing emotional release as well as an opportunity to have one's own self-worth confirmed by another (e.g. Cobb, 1976; Kaplan et al., 1977).

Given the assumption that persons who are inclined to self-disclose are

more likely than others to avail themselves of the benefits of supportive relationships in time of difficulties, we would predict that self-disclosure tendencies are associated with a reduced risk of experiencing a depressive syndrome in response to life stresses and strains. Such tendencies may not, however, reduce one's vulnerability to feelings of sadness in response to life problems and difficulties. That is, self-disclosers may, in fact, be more in touch with such feelings and emotions, as well as more willing to disclose them to others.

A related hypothesis is that self-disclosure tendencies may increase the probability that one will have a network of supportive relationships to call on in times of stress. This hypothesis is based on the assumption that mutually supportive relationships are forged, in part, out of a willingness to share intimate details about one's problems and feelings, as well as to respond in an attentive and empathetic way to the problems and concerns of others. In fact, socialization processes that encourage the sharing of personal problems and feelings with others may foster the development of interpersonal trust and connectedness, which makes self-disclosure possible. One implication of these hypothesis is that the mental health benefits of a willingness to self-disclose are likely to occur through a number of avenues, as illustrated in the path diagram presented in Figure 2.

Figure 2 (inserted about here)

Specifically, Model 2 posits that self-disclosure tendencies should be positively associated with the availability of social supports, which is likely to mitigate the experience of distress, in part, through its association with lower levels of life stress and strain. Secondly, like Model 1 in Figure 1, Model 2 posits that a tendency to self-disclose will generalize

to the interview situation, resulting in a more accurate reporting of one's true symptom experiences across the full range of scale items that most depression scales cover.

However, Model 2 differs from Model 1 in that it posits that self-disclosure tendencies will be associated with lower levels of a depressive syndrome, although higher levels of sadness. That is, controlling for the influence of self-disclosure tendencies on one's willingness to reveal symptoms of distress in an interview situation, we would expect the former to be associated with a reduced risk of experiencing a depressive syndrome in response to life stresses and strains.

In what ways might we expect Model 2 to differ for men and women? One hypothesis proposed earlier is that a gender-related reporting bias may be greatest for reports of sadness. This hypothesis suggests that the path coefficients from self-disclosure tendencies to reports of sadness will be larger for women than for men. Secondly, to the extent that female sex-role socialization engenders a greater willingness to reveal feelings of emotional distress and personal vulnerability to others, we would predict that women will report more sources of social support than men, as well as a greater tendency to self-disclosure, both of which will contribute to lower levels of depression, as well as other forms of distress.

Finally, if it is the case that women are more vulnerable to problems in interpersonal relationships, we would expect to find that the availability of social supports has a greater protective function for women than for men. That is, other things being equal, we would expect to find that supportive relationships are associated with lower levels of perceived stress and strain in the lives of women than of men and with lower levels of symptoms in

response to such stresses and strains. An alternative way of expressing this hypothesis is that deficits in supportive relationships should have a greater adverse effect on the psychological well-being of women than of men.

To summarize, we have outlined two very different hypotheses regarding the relationship between self-disclosure tendencies and symptoms of depression. Of particular interest is the question of whether a willingness to self-disclose, which we predict will be more characteristic of women than of men, increases or decreases vulnerability to symptoms of depression in response to various life stresses and strains.

In the analysis that follows, this question will be addressed through a series of analyses that build on earlier work designed to investigate the comparative vulnerability of men and women to depression (Newmann, 1984, 1986). Specifically, the steps in the analysis will address the following questions:

1. Do men and women differ in levels of depression, as well as in levels of other forms of distress that are confounded with the measurement of depression when we employ conventional scaling procedures?
2. To what extent are such differences a function of differences in exposure versus vulnerability to life stresses and strains?
3. What role, if any, do gender differences in self-disclosure tendencies play in increasing or decreasing vulnerability to depression in response to life stresses and strains?

Methods

Research Setting and Sample

Data for the present analysis come from the first stage of a prospective study of factors influencing patterns of help-seeking and medical management

within a rural Wisconsin population served by a major health center. The sampling frame included some 50,000 people living within a 20-mile radius of the health center. Subjects for the study were selected using a multistage probability sample (described in Mechanic et al. 1980).

Eighty-eight percent of the original subject pool of 1,170 agreed to take part in the study, yielding a representative sample of 1,026 persons (460 men; 566 women) 18 years and older who were interviewed. The present analysis is based on those men (408) and women (493) who provided complete data on the variables used in the analysis, representing 77 percent of the original male sample and 78 percent of the original female sample (see Newmann 1982).

Variables and Measurement

The present analysis is based on a structural equation modelling approach conducted with LISREL VI (Joreskog and Sorbom, 1984), the first step involving an estimation of measurement models for the latent constructs used in the analysis. Given that many of the measured variables are nonnormally distributed, the variables were transformed to normal scores based on procedures outlined by Joreskog and Sorbom (1987) in PRELIS VII. Subsequently, a best-fitting measurement model was estimated for each of the subsets of items designed to measure a given construct, which involved (a) a determination of the number and form of the factors generating the observed scores within a conceptual domain, and (b) a test of similarities and differences in the form of the underlying factors for men and women within each conceptual domain. Model modification procedures outlined by Joreskog and Sorbom (1984) were followed in identifying a best-fitting measurement model for each conceptual domain, the parameter estimates for which are presented in Appendix A.

(1) Symptoms of Depression

The Psychiatric Evaluation Research Instrument (PERI) Depression Scale was used in the present analysis as a measure of depression (see Dohrenwend et al. 1980 for most recent version of the PERI scales). The scale was designed to measure four components of a depressive syndrome: (1) a depressed mood state, (2) a self-deprecatory attitude, (3) feelings of helplessness and hopelessness, and (4) suicidal tendencies (see Table A1 for scale items and means for men and women). In an earlier confirmatory factor analysis (Newmann, 1984), it was found that the scale items vary as a function of four underlying forms of distress: (1) a general depressive syndrome, (2) feelings of worthlessness, (3) feelings of guilt, and (4) feelings of sadness.

While the measurement model employed in the present analysis is similar in form to the model presented earlier, involving a general depressive syndrome and three symptom-specific factors, the final model differs somewhat given the use of normalized scores and a somewhat smaller subject pool for the present analysis (see Table A2 for final measurement model).

(2) Life Stress and Strain

For the present analysis, a three item measure of life stress and strain is employed, which builds on respondent's perceptions of (a) the amount of stress and strain in their lives experienced during the past year and (b) the extent to which those problems and strains were a source of bother and/or deterred them from engaging in normal life activities (see Table A3 for item wording and final measurement model).

(3) Availability of Social Supports

The availability of social supports is measured by four items that probe the respondent's perceptions of whether there are persons one might call on if

one needed to discuss a personal problem or difficulty. The confirmatory factor analysis revealed that the items measure two distinct types of social supports: (a) social supports in the home and (b) social supports outside of the home (see Table A4 for item wording and final measurement model).

(4) Self-Disclosure Tendencies

A cluster of five items were selected as a measure of a general tendency to self-disclose, which includes three items that measure interpersonal connectedness and trust and two items that measure a willingness to reveal one's feelings and problems to others. A one-factor model was sufficient to account for the common covariation among the five scale items (see Table A5 for item wording and final measurement model).

Results

Gender Differences in Symptoms of Depression

We turn first to the question of whether women are more likely than men to report symptoms of depression. As the findings in Table 1 show, a conventional summary scale score based on normalized scores reveals that women do report significantly higher levels of depressive symptoms than do men. Such a measurement approach, however, obscures interesting gender differences in levels of different forms of underlying distress that contribute to composite scale scores. That is, a measurement approach that distinguishes among the four forms of underlying distress that the scale items appear to be measuring (Model 2) reveals that a substantial portion of women's symptom excesses is due to significantly higher levels of sadness. Men, on the other hand, tend to report significantly higher levels of guilt and somewhat higher levels of worthlessness.

Table 1 (inserted about here)

Controlling for gender differences in these more delimited forms of distress that contribute to composite scale scores, we find that levels of depression are significantly higher for women than for men, as indicated by the mean difference for the depressive syndrome factor. Moreover, this pattern of mean differences holds when we control for differences in the age distribution of men and women.

Impact of Life Strains and Social Supports on Depressive Symptom Patterns

The next question to be addressed is whether gender differences in exposure versus vulnerability to life stresses and strains may account for women's depressive symptom excesses. Further, what role, if any, do life stresses and strains play in accounting for gender differences in levels for the remaining symptom factors?

The findings from the confirmatory factor analysis of the life strain items (see Table A3 in Appendix A) reveal that while women report somewhat higher levels of life strain, the differences are small and nonsignificant. Nor is there reason to believe that such stresses ands strains are viewed as more bothersome or disabling for women than for men. Further, when we examine the impact of life stresses and strains on depressive syndrome levels (see Table 2), we find that the impact is very similar for men and women. That is, for both men and women, perceived life stresses and strains are associated with a substantial increase in depressive syndrome levels. Moreover, while the impact coefficient is slightly larger for women than for men, a test of differences in the regression or impact coefficients for men and women indicates that we cannot reject the hypothesis that the impacts are the same.

Table 2 (inserted about here)

Interestingly, when we turn to the impact coefficients for the remaining symptom factors, we find little evidence that feelings of worthlessness or feelings of guilt are associated with exposure to life stresses and strains, at least given the measure of life strains employed in the present analysis. However, in both the male and female samples, exposure to life stresses and strains is associated with a significant increase in levels of sadness. Moreover, the impact of perceived stresses and strains on sadness levels is significantly greater for women than for men. Thus, these findings suggest some support for the hypothesis that women are more vulnerable than men to life stresses and strains, at least in terms of experiencing or reporting higher levels of sadness than their male counterparts.

An important question is to what extent do differences in the availability of social supports in the lives of men and women influence the perception of, as well as symptomatic responses to, life stresses and strains? Interestingly, we find that men and women do differ in their perceptions of the availability of supportive relationships, as revealed in Table A4. That is, women are more likely than men to report that they have social supports outside of the home, while men are more likely than women to report that they have social supports inside of the home. Moreover, for women, these two measures of social supports are independent, while for men they show a significant positive correlation.

These findings, then, provide only partial support for our earlier hypothesis that women will have more available social supports than men. It should be noted, however, that the relative lack of social supports within the home for women may be partly a function of differences in their living situations, which are age-related. That is, women are more likely than men to

live alone, primarily as a consequence of outliving their husbands (see Newmann, 1986, for a more detailed analysis of this difference). Indeed, age has a strong negative relationship with the availabity of social supports within the home for women and a positive, although nonsigificant relationship for men. This suggests the importance of controlling for age differences in assessing the role that the availability of social supports plays in the symptom experiences of men and women.

The parameter estimates for a model that incorporates the effects of social supports, along with age, on life stresses and strains and the four symptom factors are presented in Table 3. Again, we find that the introduction of these risk factors into the model has virtually no effect on feelings of worthlessness or guilt for men or for women. The availability of social supports do, however, play an important, although somewhat different, role in contributing to depressive syndrome and sadness levels for men and women, in part through their impact on perceived life stresses and strains.

Table 3 (inserted about here)

Specifically, we find that persons who are older report significantly lower levels of life stress and strain than persons who are younger, net of the influences of age on the availability of social supports. This finding is not surprising given that levels of depression, as well as sadness, show a significant decrease with increasing age (see Newmann, 1986).

Moreover, the availability of social supports is associated with lower levels of perceived stress and strain as well. Interestingly, however, the latter relationship appears to be stronger for women than for men. That is, the availability of social supports outside, as well as inside, the home is associated with significantly lower levels of perceived stress and strain in

the lives of women than of men. Indeed, these differences are statistically significant for social supports outside of the home. That is, the availability of social supports outside of the home has a significantly greater impact on reducing perceived stresses and strains in the lives of women than of men.

A second noteworthy finding is that the availability of social supports is associated with a reduction in depressive syndrome levels independent of their ameliorating effects on perceived life stresses and strains. For women, this effect is largely specific to the availability of social supports outside of the home, which is associated with significantly lower depressive syndrome levels. For men, the effect is largely specific to the availability of social supports in the home, which is associated with a significant reduction in depressive syndrome levels. These differences are not, however, statistically significant. That is, a test of differences in the direct effects of social supports on depressive syndrome levels indicates that we cannot reject the hypothesis that the effects are the same for men and women.

Let us turn to the question of whether the availability of social supports has altered the effects of life stresses and strains on levels for each of the depressive symptom patterns. Again, we find that perceived stresses and strains contribute to a substantial increase in depressive syndrome levels and in sadness levels for both men and women. Moreover, in this model, the impact coefficient for the depressive syndrome factor is slightly, although not significantly, larger for men than for women. This suggests that the availability of social supports, particularly those outside of the home, may play a somewhat more important role in buffering the effects of life strains on depression for women than for men.

Interestingly, however, the availability of social supports appears to do relatively little to buffer the effects of life stresses and strains on sadness. That is, for both men and women, life strains contribute to significantly higher levels of sadness net of the ameliorating influences of social supports on symptom levels. Moreover, the impact of life strains on sadness levels, as in the prior model, is significantly larger for women than for men.

In sum, these findings provide little evidence to support the hypothesis that women are more vulnerable than men to a depressive syndrome in response to similar life stresses and strains. There is, however, some evidence that deficits in social supports, particularly supports outside of the home, may contribute to an increased risk of depression for women, if we consider their direct and indirect effects on depressive syndrome levels combined. Interestingly, such supportive relationships appear to play a much less important role in ameliorating feelings of sadness, either directly or in response to life stresses and strains for women.

Thus, we can conclude that women are more vulnerable than men to life stresses and strains, at least in terms of reports of sadness. Moreover, the findings suggest that deficits in supportive relationships, particular with significant others outside of the home, may place women at increase risk for depression, in part through their influence on increasing perceived life stresses and strains.

Impact of Self-Disclosure Tendencies on Vulnerability to Depressive Symptoms

We turn now to the question of whether gender differences in self-disclosure tendencies increase or decrease vulnerability to depressive symptom patterns. As noted earlier, our measure of self-disclosure tendencies

captures, to a large extent, the perception of oneself as interpersonally engaged, trusting, and willing to disclose one's feelings and problems to others. Interestingly, we find that women are more likely than men to characterize themselves in this way (see Table A5 in Appendix A).

The critical question is what effect, if any, does a tendency to self-disclose have on increasing or reducing the risk of depressive symptom patterns? Further, to what extent is the true impact of self-disclosure tendencies on symptom levels obscured by the fact that self-disclosers are more likely than others to reveal their actual symptom experiences in an interview situation than their less disclosing counterparts?

As a first step in addressing these questions, a model was estimated in which self-disclosure tendencies were allowed to directly influence reports of symptoms, net of the impact of such tendencies on true levels of distress. This analysis revealed only modest support for the hypothesis that a reluctance to self-disclose leads to an underreporting of symptoms. In fact, as we see from the pattern of factor loadings presented in Table 4, self-disclosure tendencies are associated with higher levels of reported distress for only two items for men, feeling like crying and feeling worthless, and two items for women, feeling worthless and helpless. This suggests that nondisclosers may be more likely than their disclosing counterparts to underreport feelings of worthlessness and, among women, feelings of helplessness. Nondisclosing males, on the other hand, appear more likely to underreport feeling like crying, the only coefficient that differs significantly for the two groups.

Table 4 (inserted about here)

Let us turn, then, to the question of what effect self-disclosure

tendencies have on true levels of distress, net of its direct effects on symptom reports. The parameter estimates for a model which incorporates the impact of self-disclosure tendencies on life stress and strains and depressive symptom patterns, along with age and social supports, are presented in Table 5.

Table 5 (inserted about here)

The results of this analysis reveal several interesting findings. First, the analysis suggests strong support for the hypothesis that self-disclosure tendencies are associated with a reduced risk of experiencing a depressive syndrome. This effect is in large part a function of the fact that persons who are willing to self-disclose apparently experience, or at least perceive, many fewer stresses and strains in their lives than do nondisclosers. Net of this ameliorating effect on distress levels, we find that self-disclosure tendencies play an important role in directly reducing depressive syndrome levels as well. Moreover, the introduction of this path of influence into the model has substantially reduced the impact of life strains on depressive syndrome levels for both men and women. This suggests that self-disclosure tendencies are associated with a reduced vulnerability to depression.

Table 5 (inserted about here)

Interestingly, a willingness to self-disclose does not appear to have a similar buffering effect on feelings of sadness. That is, self-disclosers report somewhat higher levels of sadness than do nondisclosers in response to perceive stresses and strains, a difference that is statistically significant for women. Moreover, we find that, as in the prior models, life stresses and strains are associated with significantly higher levels of sadness for women than for men. This suggests support for the hypothesis that self-disclosers

may be more attuned to or aware of feelings of sadness in the face of life problems and difficulties than are nondisclosers. An alternative hypothesis is that this effect partially reflects a greater willingness to reveal such feelings in the interview situation.

Turning to the relationship between self-disclosure tendencies and social supports, we find that self-disclosers do report significantly more supportive relationships in the home, as well as outside of the home than do nondisclosers. Moreover, for women, self-disclosure tendencies are associated with significantly more social supports outside than inside the home, while for men, the relationship is much the same. The data do not, however, support the hypothesis that self-disclosing women enjoy significantly more supportive relationships than do self-disclosing men. That is, both enjoy more supportive relationships than do their nondisclosing counterparts.

There is, however, an interesting difference in the relationship between self-disclosure tendencies and age for men and women. That is, men appear to become more self-disclosing with increasing age, while women stay much the same. This suggests that aging may be associated with less stereotypically masculine behavior on the part of men, which carries with it a reduced risk for depression.

Let us turn finally to the question of what effect the introduction of self-disclosure tendencies into the model has on the relationship between social supports and depressive symptom patterns. Interestingly, we find that the availability of social supports, whether inside or outside of the home, has no significant impact in reducing perceived stress and strain for women, once we have controlled for the effects of self-disclosure tendencies on life strains. Moreover, the availability of social supports, either inside or

outside of the home, do not appear to buffer the impact of life strains on depressive syndrome levels as in the prior model

Interestingly, however, we find that supportive relationships, particularly those within the home, buffer the impact of life strains on sadness levels for both men and women. While outside supports also have a buffering effect on sadness levels, the relationship is stronger for men than for women.

Thus, these findings suggest that the mental health benefits of having persons one can call on in time of stress may be partly an artifact of the kinds of people who enjoy such relationships. That is, persons who feel a sense of interpersonal connectedness and who are inclined to reveal their problems and difficulties to others may not only be more effective in building and maintaining supportive relationships, but may also be more effective in coping with the vagaries of daily life, thereby reducing the risk of developing a depression.

An alternative explanation for these findings is that persons who are willing to self-disclose and who feel a sense of interpersonal connectedness enjoy more trusting and supportive relationships, which contribute to such feelings. These hypotheses are not, of course, mutually exclusive. That is, self-disclosers may be more effective than nondisclosers in establishing and maintaining relationships with supportive others who, in turn, contribute to feelings of personal well-being and interpersonal trust, which invites self-disclosure.

Summary and Conclusions

A central purpose of the present analysis was to test the hypothesis that

one feature of feminine sex-role socialization--that is, the inculcation of a greater willingness to trust and confide in others in times of difficulty--places women at a reduced risk of experiencing a depression in response to life stresses and strains. While the present analysis does, in fact, provide support for this hypothesis, it also highlights the importance of distinquishing between symptoms suggestive of a clinical syndrome and more delimited forms of distress that may little to do with poor mental health, namely feelings of sadness.

From a clinical perspective, this distinction is an important one, for it is not the absence of distress in the face of adversity that signals good mental health, but rather the presence of distress that is appropriate to the situation. Indeed, as Klerman (1980) notes, the capacity to experience and respond appropriately to feelings of sadness in the face of personal problems and difficulties may play an important role in deterring the development of a more severe depression.

What the present findings suggest is that women are more likely than men to experience such feelings in response to life stresses and strains. In part, these symptom excesses may reflect a greater awareness of or attentiveness to such feelings when they occur. They may also reflect a greater willingness on the part of women to reveal such feelings in a confidential interview.

An alternative hypothesis is that other sources of life stress and strain not captured by the measure used in the present analysis may account for some of women's excess levels of sadness. This suggests the importance of incorporating other measures of situational difficulties that may not, in themselves, be perceived as sources of stress and strain, but that may erode

feelings of well-being in order to develop a fuller understanding of the role that life stresses and strains play in the symptom experiences of men and women.

An additional implication of the present analysis is that an adequate understanding of the role that social supports play in reducing the risk of depression in the lives of men and women requires greater attention to the kinds of supportive relationships one has available, as well as to characteristics of the individual that may be associated with the availability of social supports. That is, in the absence of controls for personal characteristics that may contribute to resourcefulness in coping with life problems and difficulties, such as a tendency to self-disclose, we are likely to conclude that the availability of supportive relationships has a more powerful effect on feelings of well-being than is, in fact, the case.

Indeed, an important task is to unravel the role that situational factors, such as the availability of social supports, and personal factors, including a greater willingness to self-disclose, play in protecting one against the development of depression. Such a task requires, among other things, greater attention to the conceptualization and measurement of qualities of one's current life context, apart from more stable characteristics of the individual, both of which are likely to influence patterns of appraising and coping with life stresses and strains. It also requires a longitudinal design that will help us understand how the very process of appraising and coping with life stresses and strains influence mental health outcomes over time, as well as contribute to change in personal and contextual factors.

One final implication of the present analysis is that an adequate

understanding of the role that such factors play in the symptom experiences of men and women requires a consideration of features of sex-role socialization that may contribute to, as well as undermine, effective coping behaviors in the face of adversity. For example, the present analysis has focused primarily on one feature of feminine socialization that may place women at lower risk of depression. It is important to note, however, that net of the influences of social supports and self-disclosure tendencies on depressive syndrome levels, women show an actual increase in depressive syndrome levels relative to men. Moreover, levels of perceived stress and strain are significantly higher for women as well.

This suggests that our analytic efforts have been successful in identifying factors that may play an important role in protecting women against the development of depression. But it has not centered in on other factors, that play a role in increasing the risk of depression among women relative to men. Clearly, these findings suggest the importance of adopting a theoretical perspective that is attentive to differences in the socialization of men and women and in their current life contexts and relationships that may increase as well as decrease vulnerability to depression.

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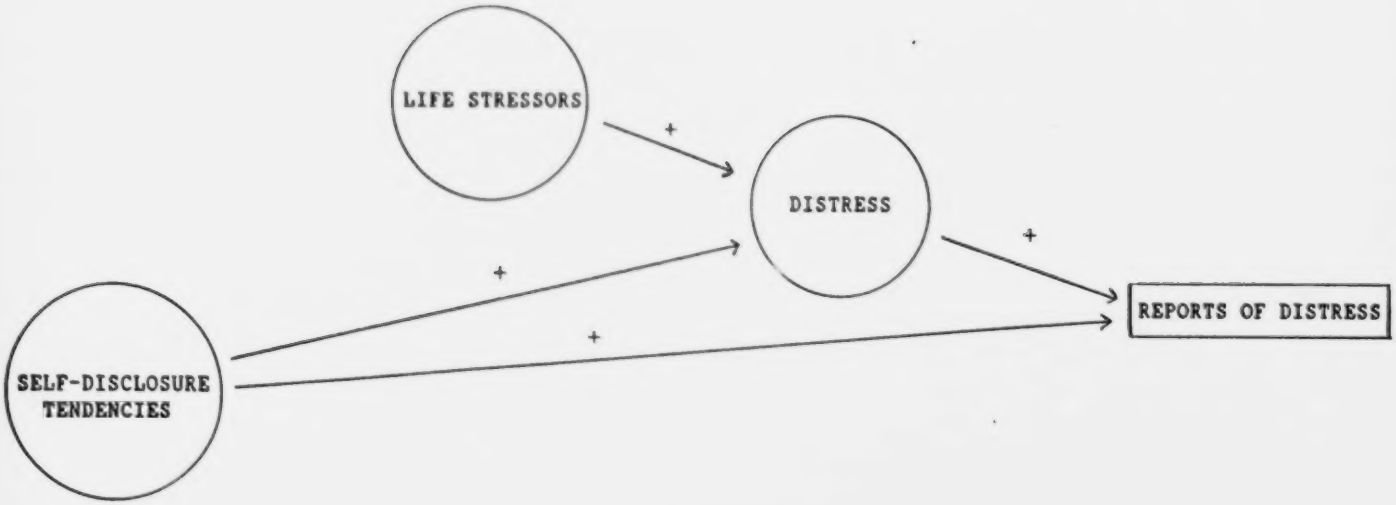
LIFE STRESSORS
+
DISTRESS
+
REPORTS OF DISTRESS
+
+
SELF-DISCLOSURE TENDENCIES

FIGURE 1

FIGURE LEGENDS

FIGURE 1. MODEL 1: Gurin et al. (1960). MODEL OF IMPACT OF SELF-DISCLOSURE TENDENCIES ON SYMPTOM REPORTING.

FIGURE 2. MODEL 2: ALTERNATIVE MODEL OF IMPACT OF SELF-DISCLOSURE TENDENCIES ON SYMPTOM REPORTING.

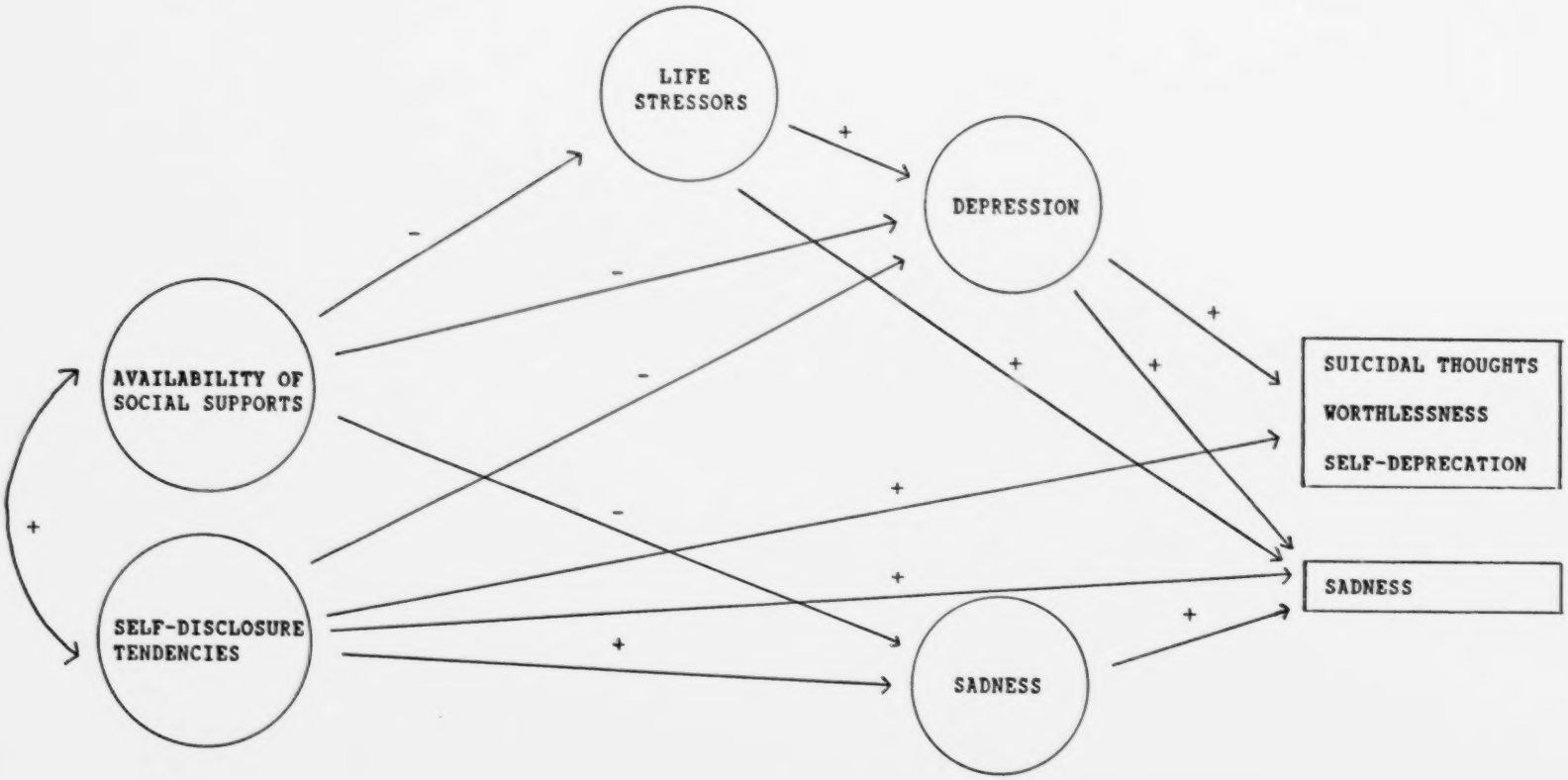
LIFE STRESSORS
DEPRESSION
AVAILABILITY OF SOCIAL SUPPORTS
SELF-DISCLOSURE TENDENCIES
SADNESS
SUICIDAL THOUGHTS
WORTHLESSNESS
SELF-DEPRECATION
SADNESS
+
-
+
-
-
+
+
+
+
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FIGURE 2

TABLES

TABLE 1
SEX DIFFERENCES IN LEVELS OF DEPRESSION UNDER
ALTERNATIVE MEASUREMENT MODELS
(NORMALIZED SCORES)

MODELS	MEN (N=408)	WOMEN (N=493)
MODEL 1: A		
CONVENTIONAL SUMMARY SCALE	-0-	.111*
MODEL 2:		
FOUR FACTOR MEASUREMENT MODEL		
DEPRESSIVE SYNDROME	-0-	.114*
WORTHLESSNESS	-0-	-.067
GUILT	-0-	-.253*
SADNESS	-0-	.211*
MODEL 3:		
FOUR FACTOR MEASUREMENT MODEL		
(AGE-ADJUSTED)		
DEPRESSIVE SYNDROME	-0-	.134*
WORTHLESSNESS	-0-	-.077
GUILT	-0-	-.232*
SADNESS	-0-	.205*

* INDICATES DIFFERENCE SIGNIFICANT AT .05 LEVEL.

TABLE 2

MODEL 1: PARAMETER ESTIMATES FOR IMPACT OF LIFE STRAINS ON DEPRESSIVE SYMPTOM PATTERNS

EXOGENOUS VARIABLES	DEPRESSIVE SYNDROME				WORTHLESSNESS				GUILT				SADNESS			
	MEN		WOMEN		MEN		WOMEN		MEN		WOMEN		MEN		WOMEN	
	Coef.	S.D.	Coef.	S.D.	Coef.	S.D.	Coef.	S.D.	Coef.	S.D.	Coef.	S.D.	Coef.	S.D.	Coef.	S.D.
LIFE STRAINS	.748	.087*[a]	.782	.088*	-.052	.097	-.024	.100	.018	.401	.042	.418	.198	.087*	.403	.095*
	.512[b]		.535		-.072		-.034		.018		.040		.183		.373[*]	
VARIANCE OF DISTURBANCE	.277		.310		.089		.111		.144		.216		.134		.230	
COEFFIECIENT OF DETERMINATION	.286		.272		.000		.000		.000		.000		.163		.182	
FACTOR MEANS:	-0-		.088*		-0-		-.065		-0-		-.256*		-0-		.196*	

* $P \leq .05$
[a] Unstandardized coefficients with standard errors in parentheses.
[b] Standardized coefficients.
[*] Indicates impact coeffients significantly different for men and women.

TABLE 3

MODEL 2: PARAMETER ESTIMATES FOR IMPACT OF LIFE STRAINS AND SOCIAL SUPPORTS ON DEPRESSIVE SYMPTOM PATTERNS

EXOGENOUS VARIABLES	DEPRESSIVE SYNDROME				WORTHLESSNESS				GUILT				SADNESS				LIFE STRAINS			
	MEN		WOMEN		MEN		WOMEN		MEN		WOMEN		MEN		WOMEN		MEN		WOMEN	
	Coef.	S.D.	Coef.	S.D.	Coef.	S.D.	Coef.	S.D.	Coef.	S.D.	Coef.	S.D.	Coef.	S.D.	Coef.	S.D.	Coef.	S.D.	Coef.	S.D.
(1) LIFE STRAINS	.694 .477[b]	.085[a]*	.678 .465	.089[a]	-.045 -.063	.122	-.022 -.030	.121	.049 .051	.481	.057 .058	.468	.184 .174	.085[a]	.369 .348[b]*	.094[a]				
(2) SOCIAL SUPPORTS (OUTSIDE HOME)	-.115 -.076	.081	-.298 -.196	.102[a]	-.008 -.011	.060	.064 .086	.084	.018 .017	.109	-.052 -.051	.224	-.136 -.123	.082	.059 .053	.105	-.022 -.021	.064	-.234 -.224+	.073[a]
(3) SOCIAL SUPPORTS (INSIDE HOME)	-.150 -.165	.047[a]	-.058 .064	.040	-.015 -.033	.041	-.047 -.106	.030	.025 .042	.111	.002 .004	.054	-.076 -.115	.048	-.081 -.122	.042	-.037 -.060	.037	-.100 -.161	.029[a]
(4) AGE	-.003 -.087	.002	-.003 -.082	.002	.003 .144	.001	.001 .081	.001	-.005 -.189	.003	-.004 -.169	.003	.001 .023	.002	-.002 -.085	.002	-.006 -.240	.001*	-.006 -.236	.001*
FACTOR MEANS	-0-		.074	.044	-0-		-.077	.043	-0-		-.255	.067[a]	-0-		.183	.048[a]	-0-		.044	.030
VARIANCE OF DISTURBANCE	.262		.297		.085		.106		.120		.181		.127		.221		.190		.169	
COEFFICIENT OF DETERMINATION	.325		.303		.045		.045		.160		.158		.206		.213		.040		.110	

* $P \leq .05$
[a] Unstandardized coefficients with standard errors in parentheses.
[b] Standardized coefficients.
+ Indicates impact coefficients significantly different for men and women.

TABLE 4

THE IMPACT OF SELF-DISCLOSURE TENDENCIES ON SYMPTOM REPORTING

	FACTOR LOADINGS	
ITEM ACRONYMS	MALES	FEMALES
HELPLESS	.054(.084)	.206(.101)
OBODEAD	-.190(.082)*	-.172(.087)
WORTHLESS	.238(.087)*	.276(.105)*
FGUILTY	-.239(.141)	.144(.135)
FEELBLUE	.118(.151)	.056(.170)
FEELONLY	-.072(.116)	-.238(.131)
FEELCRY	.459(.145)*	.163(.144)

* $p \leq .05$

TABLE 5

MODEL 5: PARAMETER ESTIMATES FOR IMPACT OF AGE, SOCIAL SUPPORTS, LIFE STRAINS AND SELF-DISCLOSURE TENDENCIES ON DEPRESSIVE SYMPTOM PATTERNS

	DEPRESSIVE SYNDROME				WORTHLESSNESS				GUILT				SADNESS				LIFE STRAINS			
	MEN		WOMEN		MEN		WOMEN		MEN		WOMEN		MEN		WOMEN		MEN		WOMEN	
EXOGENOUS VARIABLES	Coef.	S.D.	Coef.	S.D.	Coef.	S.D.	Coef.	S.D.	Coef.	S.D.	Coef.	S.D.	Coef.	S.D.	Coef.	S.D.	Coef.	S.D.	Coef.	S.D.
(1) LIFE STRAINS	.473[a]	.079[a]	.366	.084									.237[a]	.086	.469[a]	.098				
	.328[b]		.254										.233		.441[a•]					
(2) SOCIAL SUPPORTS (OUTSIDE HOME)	.004	.080	.054	.112									-.177[a]	.085	-.064	.124	.031	.069	-.071	.086
	.003		.035										-.156		-.056		.029		-.066	
(3) SOCIAL SUPPORTS (INSIDE HOME)	-.031	.045	.002	.037									-.110[a]	.048	-.098[a]	.041	.026	.039	-.064[a]	.029
	-.035		.002										-.166		-.147		-.041		-.103	
(4) AGE	-.002	.002	-.005[a]	.001					.005[a]	.002	-.003[a]	.002					-.005[a]	.001	-.006[a]	.001
	-.053		-.140						-.184		-.140						-.191		-.238	
(5) SELF-DISCLOSURE TENDENCIES	-.623[a]	.096	-.810[a]	.117	.074	.061	.008	.065	.174	.129	-.051	.148	.122	.116	.264	.133	-.307[a]	.071	-.348[a]	.076
	-.488		-.634		.118		.013		.198		-.058		.130		.280		-.347		-.394	
FACTOR MEANS	-0-		.210[a]	.046	-0-		-.057	.042	-0-		-.283[a]	.059	-0-		.163[a]	.054	-0-		-.110[a]	.036
VARIANCE OF DISTURBANCE	.182		.197		.086		.110		.119		.190		.120		.214		.170		.147	
COEFFICIENT OF DETERMINATION	.531		.538		.000		.000		.168		.116		.250		.395		.141		.226	

[a] $P \leq .05$
• Unstandardized coefficients with standard errors in parentheses.
[b] Standardized coefficients.
• Indicates impact coefficients significantly different for men and women.

APPENDIX A

MEASURES AND MEASUREMENT MODELS

TABLE A1: SEX DIFFERENCES IN MEAN SYMPTOM SCORES FOR PERI DEPRESSION SCALE ITEMS

(NORMALIZED SCORES)

ITEM ACRONYMS		ITEM WORDING AND CONTENT AREA	WOMEN (N=493) MEAN	WOMEN (N=493) S.D.	MEN (N=408) MEAN	MEN (N=408) S.D.	MEAN DIFF
	I.	SUICIDAL IMPULSES: How often in the past three months...					
WISHDEAD	1.	Have you wished you were dead?	.034	.62	-.042	.50	.076*
DONTCARE	2.	Have you felt you just didn't care what happened to you?	.022	.80	-.027	.77	.049
TSUICIDE	3.	Have you thought about taking your own life?	-.015	.57	.018	.62	-.033
	II.	HELPLESSNESS-HOPELESSNESS					
HOPELESS	4.	Have you felt completely hopeless about everything?	.031	.81	-.038	.76	.069
NOTHWHIL	5.	Have you had times when you couldn't help wondering if anything was worthwhile anymore?	.050	.87	-.060	.81	.110*
NTOUT	6.	Have you felt that nothing turns out for you the way you want it to?	.044	.92	-.653	.88	.097
HELPLESS	7.	Have you felt completely helpless?	.004	.76	-.005	.78	.009
	III.	SELF-DEPRECATION					
OBODEAD	8.	Have you felt others would be better off if you were dead?	-.005	.68	.006	.67	-.011
WORTHLESS	9.	Have you felt very bad or worthless?	.055	.88	-.066	.78	.121*
FDESPUNSH	10.	Have you felt you deserved to be punished?	-.070	.71	.083	.83	-.153**
BLAMESLF	11.	Have you blamed yourself for everything that went wrong?	.036	.91	-.043	.86	.079
FDONEVIL	12.	Have you felt that you had done something wrong or evil?	-.078	.69	.095	.82	-.173**
FGUILTS	13.	Have you felt guilty about the things you do or don't do?	.062	.94	-.075	.86	.137*
	IV.	SADNESS					
LOWSPRTS	14.	Have you been in very low or low spirits?	.068	.93	-.082	.89	.150*
FEELBLUE	15.	Have you been bothered by feelings of sadness or depression-feeling blue?	.155	.93	-.188	.91	.343**
FEELONLY	16.	Have you felt lonely?	.135	.93	-.163	.83	.398**
FEELCRY	17.	Have you felt like crying?	.324	.91	-.392	.76	.716**
SUMMARY SCORE:			.050	.52	-.061	.50	.111**

** $p \leq .01$

* $p \leq .05$

The response categories for Item 3 are: Never=0, Not in past 3 months=2, In past 3 months=4.

The response categories for the remaining items are: Never=0, Almost Never=1, Sometimes=2, Fairly Often=3, Very Often=4.

TABLE A2: PARAMETER ESTIMATES FOR FINAL FOUR-FACTOR MODE FOR PERI DEPRESSION SCALE ITEMS

ESTIMATED FACTOR LOADINGS

	LOCATION PARAMETERS		DEPRESSIVE SYNDROME		WORTHLESSNESS		GUILT		SADNESS		SPECIFIC VARIANCES	
ITEM ACRONYMS	MEN	WOMEN	MEN	WOMEN	MEN	WOMEN	MEN	WOMEN	MEN	WOMEN	MEN	WOMEN
WISHDEAD	-.053	.032	.490		1.000		.000		.000		.106*	.131*
DONTCARE	.019		.939*	.786	.373*		.000		-.174*		.236*	.334*
RTSUICIDE	-.027		.260'*		.784*		.152*		.000		.289*	.236*
HOPELESS	.052		.876'*		.000		-.073		.000		.296*	.303
NOTWWHIL	.043		1.000		.000		.000		-.068		.284*	.319*
NTOUT	.031		.890		-.383*		.221*		.000		.483*	.458*
HELPLESS	.013		.747*		.000		.214*		.000		.348*	.348*
OBODEAD	.004		.576*		.782*		.000		.000		.279*	.250*
WORTHLESS	.014		.923*		.139		.236*		.000		.326*	.349*
FDESPNSH	-.052		.678*	.506*	.000		.739*		.000		.364*	.324*
BLAMESLF	.019		.790*		-.333*		.276*		.000		.541*	.476*
FDONEVIL	-.079*		.694*	.307*	.000		1.000		.000		.288*	.250*
FGUILTY	-.140*	.060	.696		.000		.723*		.181*		.531*	.480*
LOWSPRTS	.100*		.938'*		.000		.000		.593*		.420*	.344*
FEELBLUE	.148*		1.046*	.851*	.000		.000		1.000		.294*	.263*
FEELONLY	.098*		.880*		.000		.000		.573*		.407*	.436*
FEELCRY	-.158*	.322	.726*		.000		.000		.714*		.516*	.465*

ESTIMATED FACTOR VARIANCE-COVARIANCE MATRIX

		MEN (1)	MEN (2)	MEN (3)	MEN (4)		WOMEN (1)	WOMEN (2)	WOMEN (3)	WOMEN (4)
(1)	DEPRESSIVE SYNDROME	.388*				(1)	.426*			
(2)	WORTHLESSNESS	-.010	.089*			(2)	.005	.111*		
(3)	GUILT	.007	-.017	.143		(3)	.003	-.006	.215*	
(4)	SADNESS	-.015	.008	.029	.160*	(4)	.013	-.027	.034	.281*

		ESTIMATED MEAN DIFFERENCES	
		MEN	WOMEN
(1)	DEPRESSIVE SYNDROME	-.144*	-0-
(2)	WORTHLESSNESS	.067	-0-
(3)	GUILT	.253*	-0-
(4)	SADNESS	-.211*	-0-

LIKLIHOOD RATIO TEST STATISTICS

x^2	x^2/df	GFI	RMSR	p.level
439.39	225	.957	.020	.000

* $p \leq .05$
Parameters with values of 1.00 and .000 were fixed at these values to estimate the model.
' Indicates parameters fixed at estimated values to allow for estimates of all factor covariances.

TABLE A3: MEASUREMENT MODEL FOR PERCEIVED LIFE STRESS AND STRAIN

ITEM ACRONYMS	ITEM WORDING	WOMEN MEAN	WOMEN S.D.	MEN MEAN	MEN S.D	MEAN DIFF.
AMTSTRESS	1. Life involves a variety of stress and strains. During the past year would you say you have had a great deal of stress, some stress, or not at all? 0=None, 1=Some, 2=Great Deal.	.020	.88	-.025	.87	.045
BOTHERED	2. In all, considering your life situation now, how bothered are you by your problems? Would you say...extremely bothered, considerably, moderately, mildly, only slightly, or not at all? 0=Never, 1=Rarely, 2=Sometimes, 3=Often, 4=Almost All.	.054	.95	-.065	1.00	.119
PRIMPAIR	3. How often do your problems prevent you from doing the things you would like to do...almost all the time, often, sometimes, rarely, or never? 0=Never, 1=Rarely, 2=Sometimes, 3=Often, 4=Almost All.	.007	.92	-.008	.98	.015

ONE FACTOR MEASUREMENT MODEL

ITEM ACRONYMS	LOCATION PARAMETERS MEN	LOCATION PARAMETERS WOMEN	FACTOR LOADINGS MEN	FACTOR LOADINGS WOMEN	SPECIFIC VARIANCES MEN	SPECIFIC VARIANCES WOMEN
AMTSTRESS	.018		1.000		.606*	.566*
BOTHERED	.038		2.076*		.157*	.181*
PRIMPAIR	.039		1.843*		.245*	.313*

	MEN	WOMEN
ESTIMATED FACTOR VARIANCES	.184*	.177*
FACTOR MEAN DIFFERENCES	-0-	.042

LIKLIHOOD RATIO TEST STATISTICS

χ^2	D.F.	GFI	RMSR	P.level
7.02	4	.997	.018	.135

* P ≤ .05

TABLE A4: MEASUREMENT MODEL FOR THE AVAILABILITY OF SOCIAL SUPPORTS

ITEM ACRONYMS	ITEM WORDING	WOMEN MEAN	WOMEN S.D.	MEN MEAN	MEN S.D.	MEAN DIFF
AVAILSS	1. Some people have difficulty finding others with whom they can discuss almost any problem they have. To what extent do you have difficulty finding such people...would you say great difficulty (0), some (1), not much (2), or no difficulty at all (3) ?	.083	.87	-.101	.91	.184**
CLSSOUT	2. Is there someone you feel close enough to outside your household, so that if you had a serious problem you would be willing to wake them up in the middle of night? No=0; Yes=1.	.011	.63	-.013	.65	.024
SSOUTHOM	3. If you were so upset in the middle of the night that you needed someone to talk to immediately, is there someone immediately available, outside your household whom you could call on? No=0; Yes-1.	.047	.53	-.057	.66	.104*
SSINHOME	4. If you were so upset in the middle of the night that you needed someone to talk to immediately, is there someone immediately available within your household whom you would talk to? No=0; Yes=1.	-.103	.77	.125	.60	-.228**

TWO FACTOR MEASUREMENT MODEL

	LOCATION PAREMETERS		SOCIAL SUPPORTS (OUTSIDE HOME)		SOCIAL SUPPORTS (IN HOME)		SPECIFIC VARIANCES	
	MEN	WOMEN	MEN	WOMEN	MEN	WOMEN	MEN	WOMEN
AVAILSS	.032		.795*		-0-		.713*	.656*
CLSSOUT	.040		1.000		-0-		.188*	.232*
SSOUTHOM	.032		.805		-0-		.252*	.200*
SSINHOME	-.103		-0-		1.000		-0-	-0-

	ESTIMATED FACTOR VARIANCE-COVARIANCES				FACTOR MEAN DIFFERENCES	
	MEN		WOMEN		MEN	WOMEN
	(1)	(2)	(1)	(2)	(1)	(2)
(1) SSOUTHOM	.227*		.167*		-0-	+.288*
(2) SSINHOME	.046*	.403*	.017	.551*	-0-	.081*

LIKLIHOOD RATIO TEST STATISTICS

x^2	D.F.	Prob.	GFI	RMSR
14.58	8	.068	.995	.018

** p ≤ .01
* p ≤ .05

TABLE A5: MEASUREMENT MODEL FOR SELF-DISCLOSURE TENDENCIES

ITEM ACRONYMS		ITEM WORDING	WOMEN MEAN	WOMEN S.D.	MEN MEAN	MEN S.D.	MEAN DIFF
		To what extent is a person like this like you...					
SHOWEMO	1.	Does not show his emotions in front of people... very much like me=0, much like me=1, somewhat like me=2, very little like me=3, not like me at all=4.	.166	.88	-.201	.97	.367*
CANDISP	2.	Do you have any problems you feel you cannot discuss with any friend or relative? yes=0, no=2.	.005	.62	-.006	.63	.011
		To what extent is a person like this like you...					
BETTERTR	3.	...Feels he is better off if he doesn't trust anyone...very much like me=0, much like me=1, somewhat like me=2, very little like me=3, not like me at all=4.	.072	.78	-.087	.84	.159*
GREGAR	4.	...When people talk about him, they say he keeps to himself...very much like me=0, much like me=1, somewhat like me=2, very little like me=3, not like me at all=4.	.107	.82	-.129	.91	.236*
TRUSTOTH	5.	...Feels that if he doesn't watch himself, people will take advantage if him...very much like me=0, much like me=1, somewhat like me=2, very little like me=3, not like me at all=4.	.103	.89	-.125	.92	.228*

ONE FACTOR MEASUREMENT MODEL

ITEMS ACRONYMS	LOCATION PARAMETERS MEN	LOCATION PARAMETERS WOMEN	FACTOR LOADINGS MEN	FACTOR LOADINGS WOMEN	SPECIFIC VARIANCES MEN	SPECIFIC VARIANCES WOMEN
SHOWEMO	-.072	.166*	.616*		.771*	.762*
CANDISP	.020		.209*		.380*	.368*
BETTERTR	.093*		1.000*		.390*	.336*
GREGAR	.076*		.791*		.597*	.565*
TRUSTOTH	.084*		.869*		.655*	.574*

	MEN	WOMEN
ESTIMATED FACTOR VARIANCES	.311*	.274*
FACTOR MEAN DIFFERENCES	-0-	.210*

LIKLIHOOD RATIO TEST STATISTICS

x^2	D.F.	GFI	RMSR	P.level
24.86	17	.992	.021	.098